

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

10/537002

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3				/		
4				/		
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48				/		
49				/		
50				/		
TOTAL IND.			16			
TOTAL DEP.			86			
TOTAL CLAIMS			102			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
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96				/		
97				/		
98			/			
99				/		
100				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						